

# LosAlamos

## NATIONAL LABORATORY

HR Postdoc Office  
Mail Stop P290  
Los Alamos, New Mexico 87545

## PERSONAL DEMOGRAPHIC DATA

Name (Last, First, Middle)

Los Alamos National Laboratory is asking all applicants for employment to complete this form in order to comply with Federal Affirmative Action and Equal Employment Opportunity requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. This information is being requested on a voluntary basis. No adverse consequences will affect you, should you choose not to provide this information. Information regarding access to Laboratory records which contain personal information about you may be obtained by contacting the Information Practices Office at the Laboratory.

**Instructions:** Please identify the appropriate race or ethnic category, veteran, disability status, gender, Social Security Number and birth date by marking or filling in the appropriate boxes. If two or more ethnic categories are applicable, choose the one category with which you most closely identify.

### Racial or Ethnic Category

<input type="checkbox"/>	<b>White</b> <i>Not of Hispanic Origin</i>	A person having origins in any of the peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/>	<b>Hispanic</b>	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
<input type="checkbox"/>	<b>American Indian or Alaskan Native</b>	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition
<input type="checkbox"/>	<b>Asian or Pacific Islander</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands
<input type="checkbox"/>	<b>Black</b> <i>Not of Hispanic Origin</i>	A person having origins in any of the Black racial groups of Africa

### Veteran Information

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Are you a veteran of the Vietnam era?</b>	Served on active duty for a period of more than 180 days--any part of which occurred between August 5, 1964 & May 7, 1973
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### Disability Information

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Are you a special disabled veteran?</b>	10% or more disability rating with a serious employment disability.
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Are you disabled?</b>	If you are disabled, it would assist us if you would tell us the accommodations we might make, that would enable you to perform job requirements properly and safely. Please specify your disability .
<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you a Permanent Resident Alien?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Social Security Number</b>	<b>Date of Birth</b>
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Signature

Date